

CENTRAL INTELLIGENCE AGENCY

INFORMATION REPORT

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COUNTRY	USSR	REPORT NO.	[REDACTED]
SUBJECT	1. Black Market Medical Activity 2. Admission to Medical Facilities 3. Attitudes and Position of Medical Doctors	DATE DISTR.	10 July 1953
DATE OF INFO.	[REDACTED]	NO. OF PAGES	4
PLACE ACQUIRED	[REDACTED]	REQUIREMENT NO.	[REDACTED]
		REFERENCES	[REDACTED]

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1. There was no extensive "after-hours" black market in medical services in Kherson, USSR. Private practice by physicians was not legal. Dentists, on the other hand, could carry on a private practice after their regular state duties had been met, and no punishment would be imposed. This was probably because the authorities recognized a need for dental care among the population, whereas they did not recognize any need for "after-hours" medical attention.
 - a. Occasionally, arrangements would be made by a patient with a physician for an illegal abortion or for treatment of gonorrhea. These arrangements were made between the individual concerned and a friend who was a physician or who knew a physician. No such clandestine treatment could be arranged for treating syphilis, since concealing the latter disease was regarded as an enormous crime.
 - b. For those few people who could not afford to take time from their daily work to wait at the polyclinics for medical care, arrangements could be made with some physician who was a personal acquaintance. The doctor would then be given money for his services; or, perhaps more frequently, the patient could reciprocate by doing some favor for the physician.
2. There was very little black marketing in prescriptions. Occasionally, spurious prescriptions were prepared; but this was probably something done on an individual basis rather than as an actual black market activity. I recall that private citizens were forbidden to use sex gland preparations designed to restore or increase virility. One such preparation, "bobrovaya struya" (an extract of beaver glands), was popularly believed to be an aphrodisiac, and there was a black market in prescriptions for it, because use of aphrodisiacs was frowned upon by the State.

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3. Signatures on drug prescriptions were normally examined by the druggist, so that he could assure himself that the prescriptions were genuine. The druggist usually knew all doctors in the city. It was possible, however, to have a prescription filled in cities other than the one in which the issuing physician lived. Thus, the druggist could not be expected to know all the signatures he examined. Although I do not recall the form employed for writing prescriptions, I do know that the prescription blank was made up according to a definite pattern. These blanks were prepared for the use of physicians at the respective medical offices, e.g., the polyclinic, dispensary, or hospital. The prescription always bore the day, month, and year of its writing, according to this form: 19-20-53; that is, the first two and last two digits of the year were separated by a line above which was written the day of the month and below which, in Roman numerals, was written the month of the year. The symbol 19-20-53 means, therefore, 20 February 1953. Important physicians sometimes had their own prescription blanks prepared on which were listed their names and titles. It occasionally happened that prescription blanks became scarce, and then the physicians at the medical installation concerned would simply use a blank piece of paper on which to write out the necessary prescription. This blank paper had to bear the date, written in the fashion indicated above, and the physician's name. Prescriptions could not be refilled.
4. To get into a factory dispensary, the so-called "Zdravpunkt", nothing was required of the factory worker by way of documentation. To enter an "ambulatoriya", or small village dispensary, the patient had to show a "spravka smesta raboty" (a note from his place of work, e.g., a kolkhoz) or a "trudovaya knizhka" (a worker's book). When the small village "ambulatoriya" referred a patient to a "poliklinika" (polyclinic, or out-patient clinic) the patient had to present a "napravleniye" (referral slip). When entering a city polyclinic, the patient showed the "spravka smesta raboty", or the "trudovaya knizhka" only on the first occasion he appeared for consultation; at that time the patient received a number by which he identified himself on future visits.
5. To get into a hospital, a patient had to carry a "napravleniye" from a polyclinic doctor, or, in cases of emergency such as street accidents, he had to be consigned to the hospital by the attending ambulance physician. No passport or other personal identification papers were requested from patients at any of these installations.
6. No observation of physicians, simply because they were physicians, was carried on to my knowledge. The average citizen paid no special attention to the movements of doctors, nor did citizens or state security police ever pay undue notice to whomever the doctors visited. However, doctors were no different from other citizens when it came to being scrutinized by security officers. Records on those whom physicians saw outside of their professional contacts were not maintained. Records on the outcome of a physician's professional cases were available only to the physician and his superiors.
7. Non-professional medical personnel were poorly paid compared to regular physicians.
8. It was rare that homes or other buildings were inspected by sanitation workers. It occurred no more than once a year. These personnel carried no identification and apparently were never requested to show identification papers. The sanitation workers in Kherson usually did no cleaning or extermination, but instead called the attention of the building occupants to any sanitation problems; they gave no cleaning material or exterminating powder to the occupants whom they ordered to clean up the premises.

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9. A physician who had made an incorrect diagnosis which had received official notice was required to explain his error to a Party committee made up of a clinic director, several physicians, and assistant medical personnel. These committee members might give the offending doctor a reprimand, or hand him over to a public prosecutor for trial on various appropriate charges.
10. Whenever a worker reported to his foreman that he was sick, the foreman was obliged to send the worker to the dispensary ("Zdravpunkt") of the enterprise. The staff of the dispensary decided whether the man was actually ill. Body temperature above normal was a ~~normal~~ symptom used by the doctor in deciding whether an individual was sick. There was a list of illnesses which disqualified a worker from normal activity and which permitted him to remain away from work. I do not recall the illnesses set down in this list, which was known as the "bolnichny list".
11. Sickness from food served in plants or government mess halls was rare, because such official eating establishments were kept fairly clean. But, because of low pay, the workers ate very poorly at home, and this caused considerable intestinal disorders not attributable to factory or institution food. If sickness did develop as a result of ~~institutional~~ feeding, an investigation was launched. Responsibility might be shared by both the establishment's director and its physician, or by either one of these people, as the men most answerable for carelessness of their subordinates.
12. It was not possible to guess the political loyalty of doctors as a group. They were no different from the rest of the population; some were fanatic Communists; others, disinterested. The idea that it would be easier to induce a doctor to cooperate in resistance, in preference to a man of other skill or professional training, is false. I believe it would be dangerous for anyone to approach a doctor to ask him to betray his rulers; the doctor would report the suggestion to the authorities even if he were susceptible to the suggestion of betrayal, because he would fear that the person making the suggestion was a provocateur. A village doctor might be more susceptible than a city physician, because it was generally true that village dwellers saw more clearly than their city counterparts that the Communists were destroying Russia. I do not believe that there existed in the USSR any relation between one's extent of training and attitude toward Communism. Hence, the medical assistant's (feldsher's) attitude towards the Government was not substantially different from that of the physician.
13. I believe that physicians as a group were more friendly to the people than other public officials. I did not notice that they were more independent than others. I know of no cases where doctors were punished for not conforming or for not being strict enough. It was always possible that anyone in the USSR, including the doctors, could be police agents.
14. I believe the lack of defectors among doctors is based on the fact that they hesitate to leave their families or their steady-paying jobs, and that they wait in the hope that better times will come. Only the man who has no ties, i.e., no relatives and no position, will risk defection.
15. There were four reasons for the lack of defectors, apart from possible loyalty to Russia:
 - a. People did not want to abandon their families, including their relatives. Those left behind would suffer.
 - b. People did not have any idea what fortune awaited them outside of Soviet territory. Western propaganda either did not reach them or was unconvincing.

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- c. Defectors who were caught could expect no mercy.
- d. If a defection succeeded, and a subsequent war between the USSR and the sheltering country broke out, the people felt that the Soviet Union would demand return of the defector to the USSR as a condition for peace. The people had no confidence that the sheltering country could or would protect them from Soviet vengeance.
16. Assignment of doctors to rural posts was not a disciplinary action. Usually, young doctors were so assigned, and many requested such assignments. It would be a mistake to believe that rural physicians were ipso facto discontented.
17. I estimate that 30% of Soviet physicians were Jews. These people could rise to any post. In 1952 I had no idea that anti-Semitism existed, and I recall that, in 1945, many Polish Jews who were refugees in the USSR elected to remain in the USSR, believing it to be the land where they would be protected.
18. All nationalities were encouraged to study medicine. I believe that the people in the USSR paid little or no attention to nationality as a basis for privilege. A physician of any extraction could work anywhere in the USSR, even in the Kremlin.
19. Auxiliary medical personnel received low salaries, usually between 600 and 800 rubles per month; the USSR had adequate auxiliary medical service manpower. I believe these people enjoyed reasonable prestige and pride in their jobs.
20. A professional Soviet bacteriologist had the same standing as a physician. He was not regarded as a technician, or as someone of lesser calibre than the physician.
21. Some stomatologists in the USSR had the same professional training and competency as a physician. There were some dental technicians who were referred to as stomatologists even though they did not possess the educational background. Some of these technicians had the same competency as the genuine stomatologists. Members of the dental profession were able to make their own reputations based on skill and service.
22. It was forbidden to employ gold in tooth repair. Silver was not used, but a silver-lead alloy was sometimes employed. Stainless steel and, occasionally, porcelain, were used for dental prostheses. (Peasants usually preferred extraction to repair.)
23. Drugs most likely to be available on the black market were penicillin from West Germany and chemical contraceptives which were not made in the USSR. Contraceptive condoms were sold in the USSR, at 30 kopeks each; but they were not a black market item.
24. Penicillin was the most valued drug. I never saw streptomycin in the USSR. I never heard of any demand for gramicidin S on the black market.
25. A diabetic in the USSR got his insulin injection at a dispensary. He could not administer it to himself.
26. Morphine addiction cases did exist in the USSR but I do not believe they were frequent. There was probably some illicit trade in dope, but I never saw any concrete examples. Excessive alcoholic indulgence, not drug addiction, was the common dope mechanism. I believe that physicians were included in the number of people who drank excessively. In this regard I would explain that intellectually honest physicians could not endure Communism and would, therefore, make up the bulk of "alcoholics" among physicians.

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